

REQUEST FOR NATIONAL GUARD ASSISTANCE

The proponent agency is NGB-J3/DO. The prescribing directive is NGR 500-3/ANGI 10-2503.

This form contains information that is considered FOR OFFICIAL USE ONLY and is EXEMPT FROM MANDATORY DISCLOSURE under the Freedom of Information Act. Exemption (b)(2)(High) applies as the form is used to request assistance for employment of National Guard Civil Support Teams in support of the National Guard Homeland Security mission.

1. DATE / TIME OF REQUEST: (YYYYMMDD / HHMM Z)	2. PRIORITY: <input type="checkbox"/> FLASH <input type="checkbox"/> IMMEDIATE <input type="checkbox"/> PRIORITY <input type="checkbox"/> ROUTINE <input type="checkbox"/> EXERCISE
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3. RECEIVED BY:	OFFICE:	PHONE:	EMAIL:
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4. REQUESTED BY:	OFFICE:	PHONE:	EMAIL:
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REQUEST SPECIFICATIONS

5. CAPABILITY REQUIRED (What assistance is needed?) :

6. SITUATION (Why is assistance needed?) :

7. LOCATION (Where is assistance needed?) :

ADDRESS:	CITY:	STATE:	ZIP:
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8. TIME (When is assistance needed?) :

START DATE / TIME:	END DATE / TIME:
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9. SUPPORTED INCIDENT COMMANDER (Who needs assistance?) :

NAME:	OFFICE:	PHONE:	EMAIL:
ADDRESS:	CITY:	STATE:	ZIP:

REQUIREMENT VALIDATION

<input type="checkbox"/> WAS RECEIVED FROM PROPER AUTHORITY <input type="checkbox"/> SUPPORTS THE LOCAL/STATE RESPONSE <input type="checkbox"/> IS LEGAL, ETHICAL, AND MORAL <input type="checkbox"/> IS APPROPRIATE FOR UNIT TASKED	10. REQUIREMENT VALIDATED BY: NAME: _____ SIGNATURE: _____ DATE / TIME: _____
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MISSION NUMBERS			
11. NATIONAL GUARD MISSION NUMBER:		12. STATE MISSION NUMBER:	13. FEDERAL MISSION NUMBER:
NOTIFICATIONS			
NOTIFIED	DATE / TIME NOTIFIED	NAME OF INDIVIDUAL NOTIFIED	SIGNATURE OF INDIVIDUAL NOTIFIED
14. UNIT			
15. DOMS			
16. TAG			
17. NGB-JOC			
18. STATE EMA			
19. ADDITIONAL REMARKS:			